

# 1.7 Feeding by Mouth

## Key Points

1. It is important to create a setting conducive to feeding by mouth.
2. Special eating procedures are helpful for patients with asthenia or neuromuscular disorders.
3. Encourage oral hygiene, treat for infection, and order dental work as needed. Treat taste disorders by addressing underlying disease and the symptom of bad taste.
4. Treat dry mouth from radiation with saliva substitute and frequent sips of water.  
When dry mouth is a side effect of medication, substitute drugs or reduce dosage if possible. Address dry mouth in the last hours of life by increasing liquids by mouth or involving family in mouth care.
5. Suspect and assess for Oral Candidiasis (Thrush) as cause of problems with eating. Viral infections and cold sores are usually caused by herpetic infection.
6. To manage Reflux Esophagitis, keep patient upright, serve small meals, and use prokinetic, H2 blockers, and proton pump inhibitors if needed.
7. Mucositis is a somatic type of pain that usually responds to opioid therapy. Treat Mucositis with oral lavage with soda water, “Magic/ Miracle Mouthwash” or Viscous Xylocaine.
8. Difficulty with eating is common at Life’s End, causes significant distress, and is often multifactorial. Careful and thoughtful evaluation can relieve suffering, improve Quality of Life, and increase oral intake in the majority of patients.

# Feeding by Mouth



## The Palliative Response

### The Setting

- Environment—calm and unhurried
- Posture—upright (chair is preferable)  
*Edge of bed preferable to in bed, but unstable*
- Assistance from family or nursing staff  
*Free nursing time by eliminating activities unnecessary at Life's End (e.g., frequent vital signs)*
- Role of occupational therapy  
*Special aids (sipper cups/wide-grip utensils)*  
*Straws increase risk of aspiration*

### Asthenia or Neuromuscular Disorders

#### Preparation for Eating

##### Posture

- Upright position
- Stabilize the head

##### Meal

- Small frequent meals
- Bite-sized pieces, soft pureed food
- Moisten food with gravy or sauces
- Patients prefer soft and cool foods
- Supplements such as Ensure may be helpful, especially for elderly who prefer sweet foods

### Asthenia or Neuromuscular Disorders

#### Safety Precautions

##### Eating

- Encourage small sips to clear mouth
- Remind patients to chew thoroughly
- Meal may take 30–45 minutes

##### Post-Meal Precaution

- Reduce risk of reflux by encouraging upright position for 15–30 minutes after eating

### Dentures

#### Hygiene

- Assist patient with cleaning and use

#### Proper Fit

- May need adhesive
- May need to be refitted or replaced

#### Personal Preference

- Some patients prefer to wear dentures
- Others choose to stop wearing

### Oral Hygiene

#### Cleanliness

- Encourage and assist with brushing and flossing 2–3 times day

#### Preventing Infection

- Antibiotics for periodontal disease

#### Dental Intervention

- Dental work or extraction if indicated
- Fluoride treatment as needed in special cases

## Taste Disorders

### Treat Underlying Disorder

- Sinusitis or other infections
- Gastric reflux
- Excessive sputum

### Treat Symptom of Bad Taste

- Supplements, especially zinc, may provide relief
- Review medications that may taste bad

## Dry Mouth

### from Radiation

### Medical Treatment

- Saliva substitute every 1–2 hours
- Pilocarpine 5mg q8 hours  
*Rarely used*  
*May cause diarrhea or problems with secretions*

### Other Interventions

- Usually frequent sips of water sufficient
- Sipper cup or sports bottle easier for patient than straws

## Dry Mouth

### from Medication

- Seek to avoid side effect of dry mouth
- Substitute drug if possible  
*Trazedone instead of amitriptyline for insomnia*
- Reduce dosage if possible

## Dry Mouth

### in Last Hours of Life

- Increase liquids by mouth  
*Ice chips*  
*Popsicles*  
*Flavored ices*
- Mouth care may be more effective and can involve family in care  
*Assisted sips*  
*Moistened sponge stick*  
*Lip balm*  
*Antifungal creams for celosis*

## Oral Candidiasis (Thrush)

### Assessment

- Always suspect this infection as cause of problems with eating

### Treatment

- Nystatin suspension swish and swallow
- Fluconazole (Diflucan)  
*100mg daily for 10–14 days*  
*More expensive*  
*Easier and more quickly effective*

## Viral Infections: Cold Sores

### Etiology

- Usually caused by herpetic infection

### Treatment

- Consider Acyclovir (Zovirax)
- Consider other antiviral treatment in cases of resistance and other special factors

## Reflux Esophagitis

### Practical Considerations

- Small meals
- Keep patient upright after meals

### Medical management

- May need prokinetic such as metoclopramide
- Manage constipation
- H2 blockers
- Proton pump inhibitors

## Mucositis

### Oral Lavage with Soda Water

#### Procedure

- Baking soda (sodium bicarbonate)  
*15 grams to a liter of water*
- Swish and spit
- Keep at bedside for patient to use as needed

#### Advantage

- Helps cleanse mouth of dead tissue and debris
- Does not burn

## Mucositis

### Magic/Miracle Mouthwash

- Consult pharmacy about preparation  
*Combination of medications*  
*May contain diphenhydramine, viscous xylocaine, Maalox, nystatin, tetracycline*
- Order bottle to bedside for use by patient as needed
- Alternate with soda-wash rinse

## Mucositis

### Viscous Xylocaine

#### Dosage

- 2% 5ml every 4 hours as needed

#### Preparation

- Flavor or dilute to lessen its bad taste

#### Timing

- Sometimes used before meals
- May make it harder to swallow—changes sensation in mouth

## Mucositis

### Overview

- A somatic type of pain
- Opioid therapy  
*Patients can usually benefit and respond*  
*May need to give opioid parentally in severe cases*
- Indications for Thalidomide 200mg daily  
*Severe mucosal damage*  
*Ulceration not responding to other treatments*  
*Drug of last choice (may wish to consult first)*

## Difficulty with Eating

### Prevalence

- Common in patients

### Suffering

- Causes significant distress

### Etiology

- Often multifactorial

### Hope

- Careful and thoughtful evaluation can relieve suffering, improve Quality of Life, and increase oral intake

# Feeding by Mouth

## Selected Readings

### **Nutrition and Hydration: A Sociological Analysis**

McInerney, F. "Provision of Food and Fluids in Terminal Care: A Sociological Analysis." *Social Science and Medicine* 34: 1271–1276.

### **Prevention of Tube Feeding**

Volicer, L. "Strategies for Prevention of Tube Feeding in Advanced Dementia." *Quarterly Newsletter of the American Academy of Hospice and Palliative Medicine* 1 (2001): 16–18.

### **Treatment of Common Oral Conditions**

Bottomley, W. K. and S. W. Rosenberg eds. *Clinician's Guide to Treatment of Common Oral Conditions*. The American Academy of Oral Medicine: 1973; Fall.